

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

Attachment 1.1-A  
Page 1.1

State of Kentucky

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

The Department for Medicaid Services is the  
single State agency responsible for:

☒ administering the plan.

The legal authority under which the agency administers the plan  
on a Statewide basis is

KRS 194.030 and Executive Order 85-967 issued pursuant to KRS 12.028  
(statutory citation)

☐ supervising the administration of the plan by local political sub-  
divisions.

The legal authority under which the agency supervises the administration  
of the plan on a Statewide basis is contained in

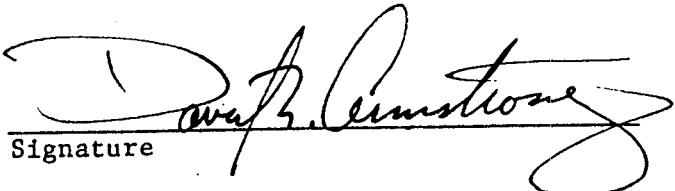
\_\_\_\_\_  
(statutory citation)

The agency's legal authority to make rules and regulations that are  
binding on the political subdivisions administering the plan is

\_\_\_\_\_  
(statutory citation)

March 27, 1986

DATE

  
Signature

Attorney General

Title

TN# 86-1  
Supersedes  
TN# - 7874

Approved 6-23-86

Eff. Date 3-1-86

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State Kentucky  
ORGANIZATION AND FUNCTION OF THE STATE AGENCY

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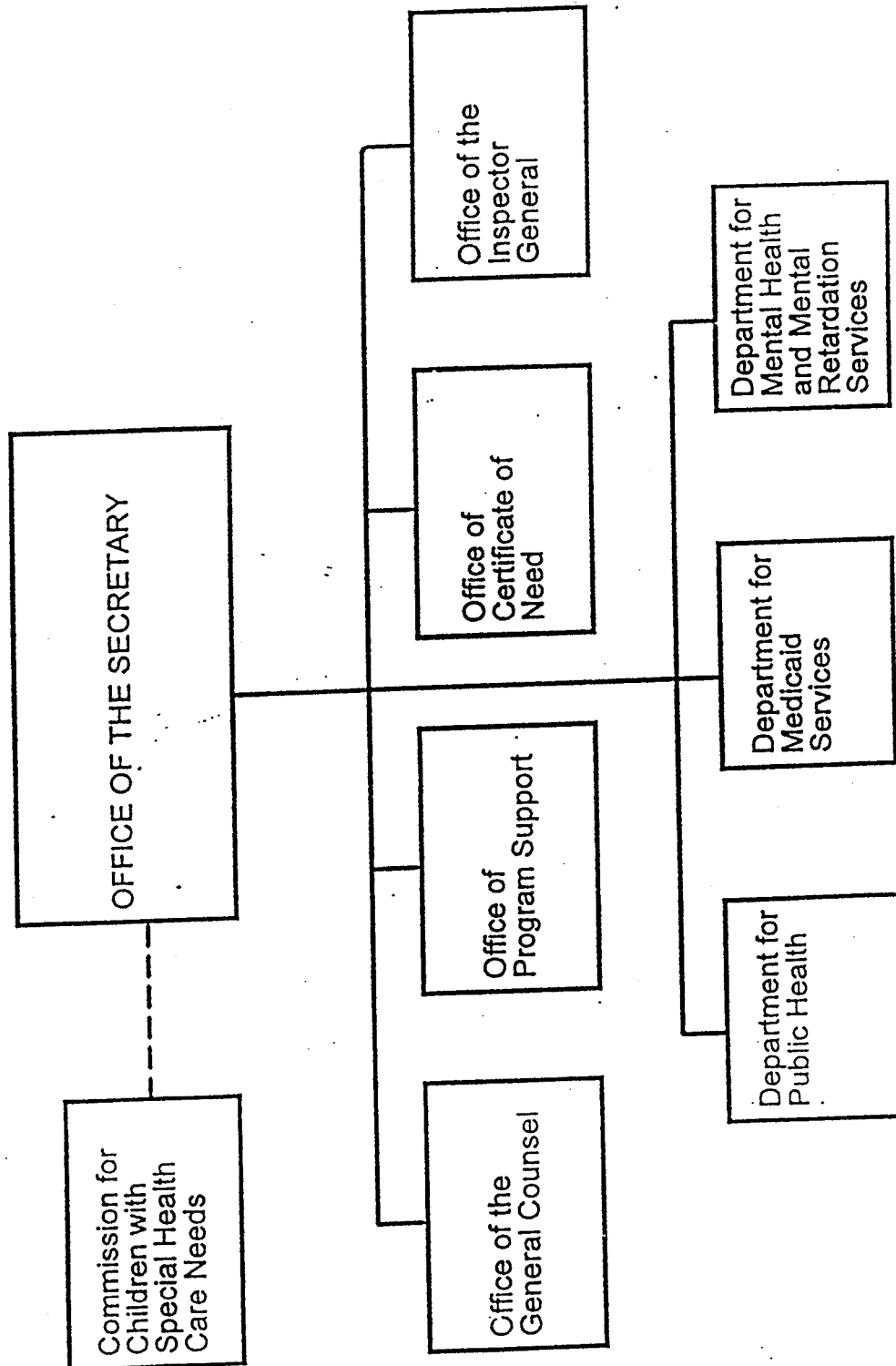
Attachment 1.2-A  
Page 1

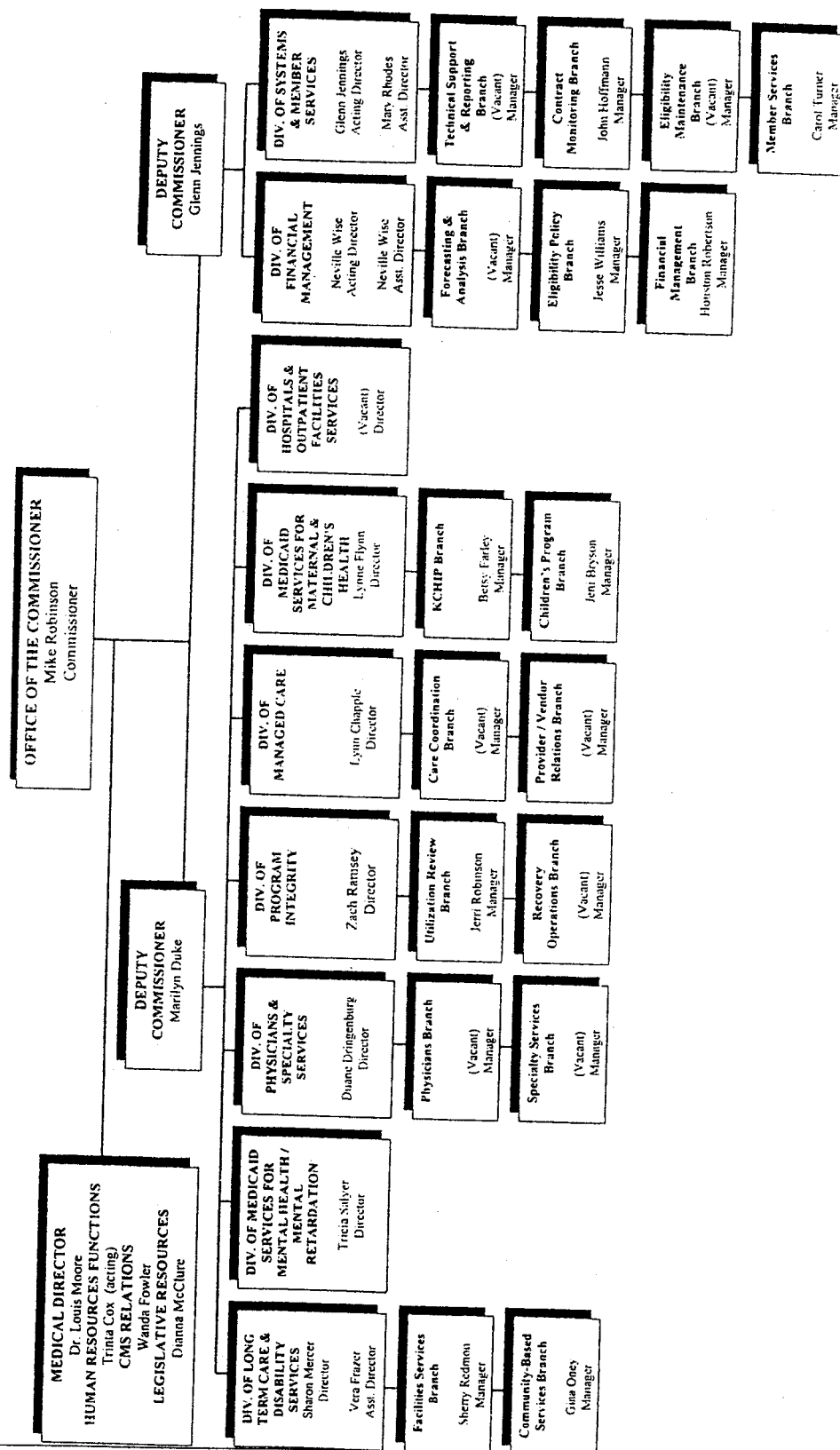
The attached chart illustrates the organizational structure and functional relationships of the Department for Medicaid Services.

The Secretary of the Cabinet for Health Services has supervisory authority over the Department for Medicaid Services which is the Single State Agency. The Commissioner for Medicaid Services directs the operation of all Divisions and functions within the Department, and has with regard to the Medicaid Program the authority, under the supervision of the Secretary of the Cabinet, for exercising administrative discretion in the administration or supervision of the plan, including the issuance of policies, rules, and regulations on program matters. The Secretary of the Cabinet for Health Services is responsible for determining that the Commissioner's exercise of authority is in compliance with overall general state executive policy.

Eligibility determinations are made by the Department for Social Insurance as shown in Attachment 1.2-D.

CABINET FOR HEALTH SERVICES





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The Cabinet for Health Services is the primary agency in state government responsible for the development and operation of health programs, including all federal programs in which the Commonwealth elects to participate. The Secretary of the Cabinet is the chief executive and administrative officer of the Cabinet for Health Services. The Department for Medicaid Services is the single state agency in the Commonwealth to administer Title XIX of the federal Social Security Act. The Commissioner for Medicaid Services exercises authority over the Department under the direction of the Secretary of the Cabinet and performs those functions delegated by the Secretary of the Cabinet.

The Secretary of the Cabinet for Health Services has delegated to the Department for Medicaid Services, line organizational responsibilities as the medical assistance unit within the government of the Commonwealth of Kentucky. Accordingly, it is the organizational unit responsible for administration of the Medical Assistance programs and payments for vendor services provided to eligible recipients in the program under the direct supervision of the Secretary of the Cabinet for Health Services.

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### Organizational Description

The organizational structure of the Department for Medicaid Services consists of a commissioner, two deputy commissioners, and nine (9) divisions. Each division director assumes specific responsibility in one of the nine following divisions: Financial Management, Systems and Member Services, Long Term Care and Disability Services, Medicaid Services for Mental Health/Mental Retardation, Physicians and Specialty Services, Program Integrity, Managed Care, Medicaid Maternal and Children's Health, Hospitals and Outpatient Facilities Services.

Each director utilizes professional and clerical staff who specialize in specific program areas.

The structural organization is outlined in the accompanying organizational chart.

### Functions of the Unit

The Department for Medicaid Services is directly concerned with administration of all aspects of the Program (excluding the eligibility determinations function) and with attaining its objectives. It is responsible for promoting and administering the provision of a continuum of high quality comprehensive services to indigent citizens of the Commonwealth of Kentucky so as to improve their health care. There is a further responsibility for the Department to promote efficiency in assuring the availability and accessibility of facilities and resources, particularly in rural and urban poverty areas where shortages of health resources prevail. To be effective in these respects, it is essential for the Department to have a unified philosophy, clearly defined goals, and sufficient authority to carry out its responsibilities. As the organizational unit administering the Medicaid program, the Department is responsible for developing, recommending, and implementing policies, standards, and procedures relating to benefit elements. The functions and responsibilities of the Department include, but are not limited to, the following:

1. Certifying the need of recipients for Medical Assistance;
2. Issuing authorizations for provision of Medical Assistance;
3. Certifying the provision of medical care in accordance with quality and quantity standards as established;
4. Developing bases and methods of payment for the medical services provided;
5. Certifying vendor billings for compliance with established base of payments;
6. Developing and implementing a managed care program for the delivery of physical and behavioral health services through Health Care Partnerships and KenPAC;
7. Redirecting the emphasis of services through managed care toward primary care and prevention while improving accessibility, availability and quality of care for individuals served by Medicaid;

8. Developing and implementing a capitated non-emergency medical transportation delivery system, excluding ambulance stretcher services;
9. All other activities agreed upon jointly by the Advisory Council for Medical Assistance, the Cabinet for Health Services, and the Department for Medicaid Services.

In the course of carrying out the above specifically designated functions and in providing staff assistance to the Advisory Council for Medical Assistance, the Department for Medicaid Services performs other functions, including but not limited to:

1. Developing, implementing, and disseminating policy and procedure material relevant to service benefits;
2. Preparing and managing the Program budget;
3. Conducting research analysis and evaluation, and preparing special reports on the findings thereof;
4. Conducting provider and recipient utilization review for use as a control technique in the enforcement of quality and quantity standards;
5. Establishing and maintaining a data base for the generation of statistics necessary for the operation and management of the program;
6. Maintaining a complete system of claims processing;
7. Determining recipient qualifications for specific service benefits;
8. Verifying recipient eligibility and certifying provider payments;
9. Providing oversight of the managed care program for the delivery of physical and behavioral health services;
10. Providing oversight of the capitated non-emergency medical transportation delivery system;
11. Assisting the Advisory Council, the Technical Advisory Committees, and other special committees as they carry out their assignments; and
12. Administering a quality improvement program to monitor and evaluate the health and health outcomes of members.

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MISSION STATEMENTS FOR DIVISIONS AND SUBORDINATE UNITS

OFFICE OF THE COMMISSIONER

The Office of the Commissioner, Department for Medicaid Services, subject to the supervision and approval of the Secretary of the Cabinet for Health Services, carries the responsibility for overall administration and direction of the Kentucky Medicaid Program. This office provides the principal liaison between the Office of the Secretary and Divisions within the Department. It is also responsible for directing the coordination of program activities with those of related programs of other state and federal agencies. The Office of the Commissioner is directly responsible for overseeing the Advisory Council for Medical Assistance.



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## DIVISION OF FINANCIAL MANAGEMENT

This division is the Department's financial analysis and budget office, and has responsibility for formulation and monitoring of the Medicaid budget, preparation and distribution of statistical data and activities.

- (1) Forecasting and Analysis Branch: This branch is primarily responsible for audit coordination, rate coordination/IGT coordination, and expenditure analysis and forecasting. With appropriate program staff input, this branch is responsible for performing long and short term revenue and expenditure forecasting for the Department, performing financial impact analysis for newly proposed programs, proposed legislation, service or eligibility revisions for expansion, and conducting or sponsoring actuarial studies of Medicaid of MCE service and demographic experience. In addition, they are responsible for evaluating Managed Care Entities rate proposals in light of actuarial information, and maintaining expertise necessary to provide technical assistance to program staff in support of their rate modeling and development responsibilities.
- (2) Eligibility Policy Branch: This branch is primarily responsible for eligibility policy monitoring systems, and the state plan and regulation system. This branch coordinates and maintains the Title XIX State Plan, administrative regulation coordination, policy analysis, program research, program development regarding eligibility, legislation coordination, developing Medicaid estate recovery policy, establishing Medicaid third party liability policy as related to eligibility processes, providing technical assistance to the department and external agencies pertaining to eligibility criteria and systems, and monitoring the development of the intranet and the resource library. This branch also reviews appropriate media to identify federal or state policy changes and program actions and verifies issues to appropriate program divisions.
- (3) Financial Management Branch: This branch is made up of two sections, Accounts Receivable Section and Financial Systems Section. This Branch oversees the Department's administrative and benefit budgets, as well as all financial transactions of the Department. In addition, contract development and negotiations are coordinated through this branch. All Federal budget and statistical reports are prepared and submitted by this branch. In conjunction with the Division of systems and Member Services, this branch ensures that the Department's automated systems are appropriately updated to provide accurate and timely finance-related information.
  - (a) Accounts Receivable Section: In conjunction with program divisions and other systems divisions, this section is responsible for establishing and maintaining a payments recovery system (e.g. third party liabilities, penalties, over-payments and recipient estate recoveries). With

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appropriate program staff input, this section also monitors the operation of the TPL and estate recovery systems and the estate recovery contractor.

(b) Financial Systems Section: This section is responsible for preparing and monitoring federal and state budgets and preparing related reports, coordinating the Department's response to the single state agency audit and other related special audits (e.g. CMS follow-up), providing technical assistance and coordinating the development and processing of the Department's contracts, assessing the fiscal impact of each contract, and calculating and distributing DSH payments to qualifying hospital providers. With the program staff, they obtain approval from contract monitors for payment of bills, and process approved bills.

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## DIVISION OF SYSTEMS AND MEMBER SERVICES

This division has the oversight responsibility for the contract with MMIS/Fiscal Agent. Staff of this division are responsible for provision of technical assistance to the Commissioner and Deputy Commissioner. This division is also responsible for policy development regarding eligibility, for resolving all recipient eligibility concerns, Utilization Review, and program integrity issues.

- (1) Technical Support and Reporting Branch: This branch is responsible for providing technical assistance to the Department in all areas of Information System development and management. They maintain a local LAN Help Desk, Adhoc coordination, the Department's Intranet, remain abreast of state of the art systems hardware and software technology, and provide technical assistance to the Department in areas of report design and data analysis. They also assist program staff in the interpretation of data.
- (2) Monitoring Branch: This branch is responsible for developing, coordinating the procurement, maintaining and monitoring the MMIS contract. In addition, this Branch serves as the Department liaison and monitors the performance of all external "feeder" Information Systems (Pro, SSI, etc.,) prepares and verifies the accuracy and completeness of all routine and special management information reports, maintains a central repository for all MARS reports, and serves as the Department liaison to external information management agencies.
- (3) Eligibility Maintenance Branch: This branch is responsible for coordinating eligibility for recipients statewide. This branch is primarily responsible for file maintenance updates and written correspondence.
- (4) Member Services Branch: This branch is responsible for maintaining a general Medicaid information help desk to field inquiries from the public, providing to external agencies and the public information relating to the eligibility and Managed Care Entity (MCE) assignment of individuals, providing technical assistance to MCEs pertaining to member services requirements, policies, and best practices, developing and monitoring the Ombudsman contract, and overseeing the provider enrollment process for all Medicaid providers.
  - (a) Member Services Section I: This section is responsible for providing education, information, research and support to Medicaid recipients in a timely and respectful manner regarding the policies and procedures of the Medicaid program.
  - (b) Member Services Section II: This section is responsible for recipient inquiry and recipient outreach.

## DIVISION OF LONG TERM CARE AND DISABILITY SERVICES

This division is responsible for program development and reimbursement functions of the long term care programs for the Commonwealth of Kentucky. Administration and monitoring of the contract with the Peer Review Organization (PRO) is the responsibility of this division. Coordination of programmatic functions will be conducted through two (2) branches.

- (1) Facilities Services Branch: This branch is responsible for continuing departmental compliance with all applicable federal, state, and local laws and regulations related to long term care facilities. These responsibilities shall include but are not limited to: continued research and data compilation regarding long term care facilities; amendments to current regulations; amendments to the state plan; reimbursement function of long term care facilities; monitoring of long term care facilities to ensure compliance with program requirements as well as recipient safety and welfare; and any other support necessary for the continuing operation of long term care facilities. Nursing, ventilator, brain injury, and swing beds are the facilities included in the operations of the Facility Services Branch.
- (2) Community-Based Services Branch: This branch is responsible for continuing departmental compliance with all applicable federal, state, and local laws and regulations related to long term care programs. These responsibilities shall include but not be limited to: research and compilation of data related to existing and potential long term care programs; development of waiver programs; amendments to and renewals of existing waiver programs; state plan amendments related to long term care programs; drafting and submittal of new administrative regulations for promulgation; amendments to current administrative regulations; drafting and issuance of long term care program manuals; reimbursement functions of long term care programs; monitoring of long term care providers to ensure compliance with program requirements as well as recipient safety and welfare; and any other support necessary for the implementation and operation of long term care programs. Long term care programs operated under the Community-Based Services Branch include: Home and Community Based Waiver, Model II Waiver, Adult Day Health Care, Home Health, Hospice, Personal Care Assistance Waiver, and Home Care Waiver.

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DIVISION OF MEDICAID SERVICES FOR MENTAL HEALTH/MENTAL  
RETARDATION

This division is responsible for the program development and reimbursement functions of the following programs: Psychiatric Hospitals, Community Mental Health Centers, Psychiatric Residential Treatment Facilities (PRTF's), SCL Waivers and contract oversight, Targeted Case Management for Adults, Targeted Case Management for Children, Impact Plus, ICF-MR, and Brain Injury Waiver.

This division is responsible for ensuring that the agency is in compliance with all applicable state and federal laws and regulations governing assigned service and program operations, ensuring that the state plan and current administrative regulations are consistent with regard to behavioral health policy and payment methodology. This division is also responsible for providing program specific technical assistance and expert testimony to and on behalf of the Cabinet and other state agencies (e.g., hearings, legislative testimony, court actions, new program development, remaining abreast of state of the art of the various assigned service areas of responsibility (e.g., Federal regulatory changes, marketplace dynamics, service and reimbursement innovations) and recommended program policy, negotiating and monitor assigned provider, and department agent contracts, managing the internal operations and administrative functions of the division and serving as liaison to assigned TACs, committees, councils and citizens groups.

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## DIVISION OF PHYSICIANS AND SPECIALTY SERVICES

This division is created to serve more effectively and efficiently the providers of Medicaid services. Included in this grouping of providers are physicians, dentists, nurse practitioners, podiatrists, nurse anesthetists, chiropractors, and optometrists. Additionally, included are vision services, hearing services, independent labs, durable medical equipment suppliers, and emergency transportation providers. The Director of this division will have direct responsibility for the Physician Services, Dental Care, Podiatric Care, Nursing Services, Optometric Care and Primary Care Technical Advisory Committees.

- (1) Physicians Branch: This branch will include services to Physicians, Primary Care Centers, Rural Health Centers, Nurse Practitioners, Midwife Services, Nurse Anesthetists, and Preventative Care (LHD). This branch is also responsible for policy/regulation development and analysis, and rate setting and analysis.
- (2) Specialty Services Branch: This branch will include the following programs: Dentists, Vision Services, Hearing Services, Podiatrists, Chiropractors, Family Planning, Durable Medical Equipment (DME), Emergency Transportation and Ambulance Service, Independent Lab, Other Lab, X-Ray, and Optometrists. This branch is also responsible for policy/regulation development and analysis, and rate setting and analysis.

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## DIVISION OF PROGRAM INTEGRITY

This division will be responsible for monitoring provider and recipient utilization, including provider credentialing, coordination of fraud and abuse investigations, SURS functions, lock-in identification, administrative appeal coordination, and certain recovery operations including third party liability, estate recovery and drug rebate. The division is also responsible for policy/regulation development and analysis for its assigned functions, and all open records requests.

- (1) Utilization Review Branch: This branch is primarily responsible for Utilization Review Systems, Lock-In Data and Identification, Fraud and Abuse, Provider Credentialing, and Administrative Appeals Coordination.
- (2) Recovery Operations Branch: This branch is primarily responsible for Third Party Liability, Drug Rebate Recovery, and Estate Recovery.

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## DIVISION OF MANAGED CARE

This division is responsible for KenPAC Systems, Empower Transportation, Pharmacy/PBM, Utilization Review/PRO Contract, the Lock-in System, and the Region 3 1115 Waiver managed care entity. The Director of this division will have direct responsibility for the Drug Management and Review Board, KenPAC Advisory Subcommittee, Quality Access and Recipient Advisory Committee, Quality Improvement Advisory Committee and the Drug Technical Advisory Committee. Additionally, the Director will directly supervise the pharmacy program manager.

- (1) Care Coordination Branch: This branch will support Care Coordinators in field offices, clinical review exceptions, lock-in/catastrophic care coordination and SSI assignments. This branch is primarily responsible for KenPAC Systems, Empower Transportation, Pharmacy/PBM, Utilization Review/PRO Contract, and the Lock-In System.
- (2) Provider/Vendor Relations Branch: This branch will provide support to the Region 3, 1115 Waiver managed care entity.



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## DIVISION OF MEDICAID MATERNAL AND CHILDREN'S HEALTH

This division is responsible for the program development and reimbursement and oversight functions of the Title XXI Kentucky Children's Health Insurance Program (KCHIP) and for Title XIX programs which emphasize children's health care needs.

- (1) KCHIP Branch: This branch is responsible for policy recommendation, program development and provider communications for Kentucky's SCHIP program. This branch is also responsible for monitoring participating providers for compliance with state and federal regulations and their achievement of service access and quality targets and goals, and providing necessary program technical assistance and training to participating providers. In conjunction with the Division of Systems and Member Services, this branch is also responsible for ensuring that automated provider payment and reporting systems are appropriately updated and revised so as to enforce and support program policies.
- (2) Children's Programs Branch: This branch is responsible for policy recommendation, program development and provider communication for the following services: Early and Periodic Screening, Diagnosis and Treatment (EPSDT), School-Based Services, CCSHCN, Early Intervention Services, Title V/DSS, Child Advocacy Center Services, Children's Hospice Grant, and other Title XIX programs which emphasize children's health needs.

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## DIVISION OF HOSPITALS AND OUTPATIENT FACILITIES SERVICES

This division is created to group together organizations with similar cost reporting requirements. This will allow greater efficiency and effectiveness in determining rate structures for these organizations and in responding to the needs of these provider groups. The Director of this division will have direct responsibility for the Hospital Care Technical Advisory Committee. This division is primarily responsible for services in Inpatient Hospitals, Outpatient Hospitals, Renal Dialysis Centers, Ambulatory Surgical Centers, Rehab Hospitals/Facilities, Comprehensive Outpatient Rehab Facilities, Critical Access Hospitals, DSH Policy, and Transplants.

PROFESSIONAL MEDICAL, DIRECT SUPPORT STAFF AND PERSONNEL  
ENGAGED DIRECTLY IN THE OPERATION OF MECHANIZED CLAIMS  
PROCESSING AND INFORMATION RETRIEVAL SYSTEMS  
(75% matching rate)

Following is a description of the kinds and numbers of personnel engaged directly in the operation of mechanized claims processing and information retrieval systems, professional medical personnel and their supporting staff, used in the administration of the Program and their responsibilities.

Nurse Consultant/Inspector – (1) [Division of Hospital and Outpatient Facilities Services]

Policies and procedures, rates and reimbursement, for hospital in-patient services, hospital outpatient services; disproportionate share hospital (DSH), organ transplants, PRO, and ambulatory surgical centers.

Nurse Consultant/Inspector – (1) [Division of Medicaid Services for Mental Health/Mental Retardation]

Responsible for the Community Mental Health Center and Abuse services, Psychiatric Residential Treatment Facilities, and Supports for Community Living Program..

Nurse Consultant/Inspector – (1) [Division of Medicaid Services for Mental Health/Mental Retardation]

Responsible for the Acquired Brain Injury Waiver Program and the Supports for Community Living Waiver Program.

Nurse Consultant/Inspector – (1) [Division of Medicaid Services for Mental Health/Mental Retardation]

Responsible for the Targeted Case Management Programs, Psychiatric Hospital Services, and the ICF/MR Program.

Nurse Consultant/Inspector – (1) [Division of Medicaid Maternal and Children's Health]

Participate in training on preventive health screening for children offered by the Department for Public Health. Manage and carry out record reviews and follow-up with physicians and other health care providers to assure compliance with federal requirements for components of EPSDT screening. Provide training for DMS staff and service providers on EPSDT Screening and EPSDT Special Services. Assist in the development of materials to be used for provider outreach, client education, and public information regarding EPSDT Screening and Special Services. Assist in the development

of materials to be used for provider outreach, client education, and public information regarding EPSDT Screening and Special Services. Develop and implement training package for contracting related agencies to include best practices in screening, outreach and follow-up for recipients not receiving preventive health care in 12 months. Serve as the liaison to the KenPAC nurse consultants to assist in resolving provider and client issues. Provide nursing support for EPSDT Special Services related primarily to issues of prior authorization. Liaison for staff at HRC. Respond to inquiries about Branch programs or Medicaid children's health issues from the public, providers, or other organizations. Serve on Cabinet committees or work groups that impact screening components. Manage Division VFC activities. Serve as Division's in-house immunization expert, maintaining information on immunization schedules, rates, etc., and providing technical assistance to Division staff and responding to inquiries from external sources. Serve as liaison and coordinate the Comp Care initiative. Provide nursing support for the Child Advocacy Centers program. Includes research of relevant issues.

Nurse Consultant/Inspector – (1) [Division of Medicaid Maternal and Children's Health]

Provides nursing support for EPSDT Special Services related primarily to issues of prior authorization. Liaison for staff at HRC and liaison to relevant TAC's. Researches or coordinates research on pediatric nursing issues, departmental issues and policies, or public inquiries and provides responses. Coordinates issue work groups with related service programs in DMS and related agencies. Provides training on EPSDT screening and EPSDT special services for providers or related agencies. Provides technical assistance to providers and clients regarding EPSDT Screening and Special Services and other maternal and children's health programs. Provides follow-up on cases of children with severe medical or mental health conditions. Provides nursing support for Child Advocacy Centers program. Includes research of relevant issues. Represents the Department on related agency committees and work groups. Responds to surveys regarding EPSDT Screening and Special Services. Manage and carry out on-site record reviews and follow-up with physicians and other health care providers to assure compliance with federal requirements for components of EPSDT screening.

Internal Policy Analyst III – (1) [Division of Medicaid Maternal and Children's Health]

Conducts studies to determine feasibility and impact of new federal and state policies and procedures on KCHIP Program. Prepares KCHIP's annual reports. Analyzes changes in SCHIP federal rules and regulations. Recommends changes and develops KCHIP state plan amendments and state regulations. Analyzes program data and provides interpretive information to Branch Manager. Compiles, or causes to be compiled data, reports and surveys to assess program effectiveness. Monitors the consulting contract with University of Kentucky. Identifies baselines and tracking mechanisms for performance measures of the KCHIP Program. Works with the Division of Managed Care on the CAHPS survey to be sure KCHIP data is collected and analyzed separately. Works on special assignments such as cost sharing.

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Human Services Program Branch Manager – (1) [Division of Medicaid Maternal and Children's Health]

Supervises employees and coordinates administration of all KCHIP Branch programs. Assures development and revision of policy relative to Branch Programs (administrative regulations, manuals and state plan). Monitors Federal rules and impact on areas of responsibility. Oversees operation/administration of assigned programs. Provides technical assistance and expert testimony. Represents Division and/or Department on work groups, advisory committees, etc.

Internal Policy Analyst IV – (1) [Division of Medicaid Maternal and Children's Health]

Performs comprehensive reviews of Branch's programs and policies. Reviews, analyzes and drafts correspondence, reports, etc., for Division and Branch management. Researches complex issues and recommends initial policy or policy revision. Monitors KCHIP outreach activities. Serves as liaison to outside groups working on KCHIP outreach. Coordinates activities of the KCHIP Advisory Council and other workgroups as assigned such as the review of KAMES notices. Provides or arranges for statewide outreach information and training. Coordinates and manages outreach activities of the on-site, UK employees. Monitors the Rosetta and Public Health Outreach contracts and others as assigned.

Nurse Consultant/Inspector – (1) [Division of Medicaid Maternal and Children's Health]

Provides technical assistance and interpretation on medical, mental health and pediatric issues and policies for KCHIP program. Administers and monitors Medicaid components of KCHIP program. Follows up on cases of children with severe medical or mental health problems within the Division. Serves as the provider liaison for the KCHIP Branch. Develops policy recommendations, especially related to health access, health care and health outcomes. Provides responses on client, public, legislative and government inquiries on medical, mental health and pediatric issues in the KCHIP program. Identifies and participates in quality health care improvement initiatives. Presents, participates, or represents KCHIP in meetings or at training conferences. Participates in evaluation of KCHIP health outcomes. Monitors the Hispanic Outreach Contract and others as assigned. Manages and carries out on-site record reviews and follow-up with physicians and other health care providers to assure compliance with federal requirements for components of EPSDT screening.

Administrative Specialist II – (1) [Division of Medicaid Maternal and Children's Health]

Provides support to KCHIP Branch. Obtains information and prepares correspondence, reports, presentations and other materials. Files correspondence, documents, reports and other records. Drafts correspondence, memos and reports for Branch manager. Provides support for the KCHIP Advisory Council. Works cooperatively and as a team member with other support staff in the Division. Schedules appointments, arranges meetings,

arranges travel. Keeps time and attendance reports for the Division. Compiles data to be used in reports. Performs bookkeeping functions by following Division procedures for paying bills posting invoices into MARS. Serves as liaison between the public, professionals, contract agencies and Department staff.

Graduate Accountant IV – (1) [Division of Medicaid Maternal and Children's Health]

Analyzes cost reports and prepares cost settlements for Division programs. Analyzes rate requests for EPSDT Special Services and other Division programs and recommends negotiated rates. Performs ongoing analysis of benefit and administrative expenditures for KCHIP and other Divisions programs. Provides preliminary analysis of potential receipts from cost sharing. Prepares budget materials for KCHIP State Plan Amendments, Annual Reports, grant applications and other Branch and Division needs.

Medicaid Program Specialist I – (1) [Division of Medicaid Maternal and Children's Health]

Responds to programmatic inquiries from the general public, government officials or other jurisdictions. Evaluates statistical data to identify problem areas and recommend corrective actions. Monitors program expenditures against the budget and provides interpretative information to Branch Manager and Division Director. Develops policy recommendations. Reviews and maintains technical and statistical reports. Prepares and reviews RFP's. Monitors contracts as assigned. Establishes and analyzes health outcomes evaluation.

Pharmacy Program Manager – (1) [Division of Managed Care]

Support staff to Drug Management Review Advisory Board. Interface with fiscal agent on prior authorization (drugs) issues. Manages pharmacy program.

Nurse Consultant/Inspector – (1) [Division of Managed Care]

Monitor healthcare review corporation's (HRC, Medicaid's Peer Review Organization) compliance with the contract. Facilitate communication between the Department, providers, and HRC. Acute care and EPSDT issues.

Administrative Branch Manager – (1) [Division of Managed Care]

Branch Manager responsible for the Care Coordination Branch. Activities with the Care Coordination Branch include: Regional care coordination program, care coordination of catastrophic cases and Medicaid recipients in the lock-in program, review of requests for exception from KenPAC policies, and Management and operation of the SSI Help Desk and the Presumptive Eligibility toll-free certification telephone line.

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Nurse Consultant/Inspector – (1) [Division of Managed Care]

Supervises the SSI Help Desk and the Presumptive Eligibility toll-free certification line. The Help Desk assists adult SSI recipients who are eligible for KenPAC with the selection of a primary care provider. The Presumptive Eligibility line helps providers, who have been certified as Presumptive Eligibility providers, determine if a pregnant woman qualifies for a limited package of prenatal benefits.

Nurse Consultant/Inspector – (2) [Division of Long Term Care]

Responsible for nurse aide training and review, free standing nursing facilities, appeals, MDS validation, Training for MDS. Also works with the PRO and Associations.

Nurse Consultant/Inspector – (3) [Division of Long Term Care]

Responsible for monitoring, clinical, and appeals for Home & Community Based Waiver, Adult Day Care, Home Health, Hospice, Home Care, Personal Care Assistance Waivers, and Model Waiver II.

Nurse Administrator – (1) [Division of Physicians and Specialty Services]

Supervises employees and coordinates the administration of all programs and services for the Division. Monitor automated provider payment and reporting systems to see they are appropriately updated and revised to enforce and support Medicaid program policies. Monitor participating medical care providers for compliance with state and federal regulations, contract requirements, and achievements of service access. Develop negotiations with and monitor assigned providers to assure standards of medical care. Provides necessary program technical assistance and training to departmental staff and participating providers.

Nurse Consultant/Inspector – (1) [Division of Physicians and Specialty Services]

Coordinate, administer, educate, and assist department staff in management of healthcare fee for service programs and provide clinical expertise in disease and case management. Coordinate and administer the fee for service programs and provide assistance to staff. Serve as liaison with other departments and state agencies to evaluate quality improvement initiatives. Provide clinical expertise in drug prior authorization override, policy regarding reimbursement methodology for drugs and research and override of claims. Assist departmental staff in writing, reviewing, and implementing federal and state policy changes for fee for service programs. Attend conferences and workshops to gather and disseminate information to staff and providers.

Nurse Consultant/Inspector – (3) [Division of Physicians and Specialty Services]

Provides clinical expertise of current medical practice and treatment regimes to staff, providers, and recipients. Reviews program policy and associated materials on Medicaid programs and relates policies to providers and recipients via telephone and written communication. Provides technical assistance to health care providers based on Medicaid policy guidelines. Receives and investigates consumer complaints and documents findings for use in answering subsequent complaints. Develops standardized forms to document and collect program research and reporting data. Reviews Medicaid program manuals for compliance with state and federal regulations and participates in the development and revision of policy. Develops special materials for educating the public on Medicaid benefits and policies.

Assistant Director – (1) [Division of Systems and Member Services]

Assist in the monitoring of the fiscal agent contract in order to assure compliance with contract requirements. Assist in direction of system and design change and discrepancy request forms and other correspondence between information systems and fiscal agent, department divisions, and others. Assist in developing solutions for MMIS problems and in helping in the design of enhancements for the division and the department. Assist in the coordination of changes mandated by CMS as they relate to the information system of the division and as required by the department. Maintain a general knowledge of changing directions within health care and assist in keeping the Director apprised of new legislation affecting the division. Serve as a backup to the Director and act in their place when the Director is out.

Administrative Branch Manager – (1) [Division of Systems and Member Services]

Monitors contract performance of the fiscal agent and compliance with contract terms and conditions. Responsible for collection and maintenance of contract compliance data. Monitor the claims processing system by analyzing a sample of claims monthly for pricing editing and auditing consistency and correctness. Coordinates and develops the procurement of the MMIS contract which consists of writing the request for proposal and submitting the advanced planning document for approval. Serves as the department liaison and monitor the performance of all external “feeder” information systems.

Resource Management Analyst II – (1) [Division of Systems and Member Services]

Communicates programmatic needs and facilitates problem resolution between agency and contract staff. Identifies and evaluates problems or issues in the systems or web/Internet environment. Reviews standards and industry best practices and participates in work groups for use in assisting clients and management with technology decisions. Under general direction, analyzes user requests for the development or modification of technology requests, researches and makes recommendations for solutions. Reviews specifications and testing for all phases of systems development.



Provides technical assistance to staff implementing new systems or modifications to existing systems.

Resource Management Analyst II – (3) [Division of Systems and Member Services]

Monitors and makes recommendations concerning contracts or operations, problems and issues in the systems or web/Internet environment. Under general direction, analyzes user requests for the development or modification of technology requests, researches and makes recommendations for solutions. Reviews specifications and testing for all phases of systems development. Provides technical assistance to staff implementing new systems or modifications to existing systems. Communicates programmatic needs and facilitates problem resolution between agency and contract staff. Identifies and evaluates problems or issues in the systems or web/Internet environment.

Resource Management Analyst III – (2) [Division of Systems and Member Services]

Coordinates user input and monitors the work of systems analysts or programmer analysts in the development, implementation and modification of computer systems. Reviews state and federal legislative and regulatory changes and technology alternatives and develops plans, procedures and recommendations accordingly. Approves specifications and testing for all phases of systems development. Monitors and makes recommendations concerning operations, problems or issues in the systems or web/Internet environment. Serves as technical resource to DMS management during evaluation of technology initiatives, conducting or preparing presentations for DMS and cabinet leadership as required. Contributes to the creation of and conducts reviews of RFIs, RFAs, and RFPs. Lead inter-division work groups and teams pertaining to technology efforts.

Resource Management Analyst III – (4) [Division of systems and Member Services]

Coordinates user input and monitors the work of systems analysts or programmer analysts in the development, implementation and modification of computer systems. Monitors and makes recommendations concerning contracts or operations, problems and issues in the systems or web/Internet environment. Approves specifications and testing for all phases of systems development. Serves as technical resource to DMS management during evaluation of technology initiatives, conducting and preparing presentations for DMS and Cabinet leadership as required. Leads inter-division work groups and teams pertaining to technology efforts. Reviews state and federal legislation and regulation changes and technology alternatives. Develops plans, procedures, and recommendations accordingly. Contributes to creation of and conducts reviews of RFIs, RFAs, and RFPs.

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Network Analyst III – (1) [Division of Systems and Member Services]

Technical support and troubleshooting for LAN (and WAN) issues. Provides detailed project management support. Analyzes requirements, selects, installs, tests, and supports LAN devices. Researches, recommends, designs, and tests new technology. Develops written recommendations and cost estimates. Maintains network documentation and configuration. Develops short and long range plans. Research, prepare and present reports, data, and/or training to stakeholders as required. Continuing education in program policies, MMIS, and PC applications software.

Systems Consultant IT – (1) [Division of Systems and Member Services]

Serves as project leader and provides analytical support in the integration and design of MMIS/HIPAA development projects across internal and external stakeholders. Review, monitor and analyzes MMIS/HIPAA plans and products development by consultants and other internal and external stakeholders. Provides MMIS/HIPAA technical assistance to analysts and contract consultants in development and integration of computer systems to enable stakeholder's business process. Prepares MMIS/HIPAA feasibility studies, long range information technology plans, and analyzes agency project requests and other related reports. Provides leadership and assistance in the formulation of MMIS/HIPAA contractual relationships. Plans, develops, coordinates and performs highly complex MMIS/HIPAA report presentations and/or training.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Attachment 1.2-D

Page 1

State of Kentucky

ELIGIBILITY DETERMINATIONS

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The Department for Medicaid Services has by interagency agreement provided that the Department for Social Insurance will be responsible for all eligibility determinations and certification functions for individuals eligible for Medicaid, except that pursuant to agreement with the Social Security Administration, that agency determines Medicaid eligibility for Supplemental Security Income recipients.

Within the Department for Social Insurance, the Director, Division for Field Services is responsible for supervising and directing the eligibility related activities of staff located in each of the state's 120 counties. Staff assigned to each local county make the eligibility determinations, with the appropriate eligibility rolls maintained at the central office level.

TN # 86-1  
Supersedes  
TN # 81-29

Approval  
Date 6-23-86

Effective  
Date 3-1-86